PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1459
Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885							
INSTRUCTIONS: This form should be used for transmissing the ISBUE FIEE and PUBLICATION FIEE (if required, Blocks I transpired, 5 chould be completed where purposed, and have compropadents probably give a contract of the comproducent address a spinore correct of the completed of the comproducent address as manifestance retwined the mainted to the current correction decides or directed otherwise in Block I, by (a) specifying a new correspondence address; malfor (b) indicating a separate "FEB ADDRESS" for maintenance retwined to the contract of the comproducent address and the contract of the comproducent address and the comproducent address as malfor (b) indicating a separate "FEB ADDRESS" for maintenance retwined to the contract of the comproducent address and							
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of Fee(s) Transmittal. Th papers, Each additions	Note: A certificate of mailing can only be used for domestic mailings of the free(e) Transmittal. This certificate cannot be used for any other necompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
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LEE & HAYES PLLC 421 W RIVERSIDE AVENUE SUITE 500 SPOKANE, WA 99201				Certificate of Mailing or Transmission via EFS Well I hereby certify that his Fee(g) Transmissinal is being deposited assistable-United States Spain-Service with entitions postage for first class mail in an envelope advanced in the Julia Story LSSUE AFES address above, on-being releasingly transmitted to the USPTO (374)-273-2835, on the date indicated below.			
				Pam M. Prellw	Pam M. Prellwitz (Depositor's name)		
				Fam M.	Fallet	(Signature)	
				March	31,2006	(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE FIRST NAMED			D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
. 09/536,033	. 09/536,033 03/27/2000 Mariusz H. Jakubowski				MS1-515US	4016	
TITLE OF INVENTION: SYSTEM AND METHOD FOR PROTECTING DIGITAL GOODS USING RANDOM AND AUTOMATIC CODE OSPUSCATION							
APPLN, TYPE	SMALL ENTITY	ISSUE F	SIB -	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		S0	\$1400	06/14/2006	
EXAMINER		ART UN	IT	CLASS-SUBCLASS .			
TRAN, TONGOC		2134		380-028000			
1. Change of correspondence address or indication of "Pec Address" (37 CFR 1.59). Change of correspondence address (or Change of Correspondence Address form PTO/SBI/12) sittle-bed. "Pec Address" indication (or "Pec Address" Indication form PTO/SBI/2; Rev 03-02 or more recent) attached. Use of a Custemer Number is required.			2. For printing on the patient front page, list (1) the nemes of up to 3 registered patient attorneys of a gents OR, alternatively, (2) the names of a single firm (obering as a member a (2) the names of a single firm (obering as a nember a (3) the name of a single firm (obering as a nember a (4) the name of the oberine of the name of the oberine of the name of the oberine of the name of the oberine observation of the name of the observation of the name of the observation of the name of the observation				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PENTED ON THE PATENT (print or type) PLEASIN TOTE (these as seignes is identified below, no seignes data will upspec on the patest. If an assignee is identified below, the document has been filed recordation asset forth in 3 CFR 3.11. Completion of this form if NOT a policitude for filing as assignment. (A) NAME OF ASSIGNEE Microsoft Corporation Redmond, WA							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government							
4a. The following fee(s) are enclosed: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): ☐ A clock in the amount of the fee(s) is enclosed. ☐ A clock in the amount of the fee(s) is enclosed. ☐ The Director is benefy suidicirated by charge the required fee(s), or credit any overpoyment, to Deposit Account Number				
5. Change in Entity Status (from status indicated above) 3. Applicant claims SMALL ENTITY status, See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status, See 37 CFR 1.27(g)(2).							
The Director (fie USFIO) is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Individual Fee Indi							
Authorized Signature 1200C							
Typed or printed name Frank J. Bozzo			Registration No. 36756				
This collection of information is required by 37 CFR [31]. The information is required to close to retain a benefit by the politic which has been assumed by the politic which is the information of the politic which is the information of the politic which is the complete invalidation from the total SPRTO. Then will very depending upon the individual case. Any comments on the amount of time you required to employed application from to tot SPRTO. Then will very depending upon the individual case. Any comments on the amount of time you required to employed the complete depending the politic property of							